

**CLAIMS ONLY**

Cancel 1-40

**Application Number**

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	EFFECTS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		• May be used for additional claims or amendments
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep	2						
Total Depend	2						
Total Claims	3						